

STATE OF HAWAII
REQUEST FOR RESTRICTIVE PURCHASE OF SERVICE
PURSUANT TO §103F-403, HRS

Instructions

- This form is protected for forms. If you need to unprotect it you may do so but you may not alter the format. *Altered forms will be returned without action.*
 - Where applicable, brief instructions are visible in the task bar (located near the bottom of the screen) or by clicking on the F1 key when the field is selected.
 - Press tab to move to the next field.
 - If the fields are not visible, go to: **Tools > Options > View > Field Shading > Always.**
1. Enter the title and description of the service the department wishes to purchase. Do not use this section to describe a grant received by the purchasing agency.
 2. Enter the provider's legal name as it will appear on the contract, if approved. Enter the provider's address.
 3. Enter the maximum total funds for this contract.
If the contract will be for a year or longer, enter the funding per year.
 4. Enter the start and end date including all possible extensions. The contract may begin later than the approved contract start date but may not exceed the approved end date. Use the comments field (to the right of the date fields) as needed. If the requested term is longer than one year provide justification for the extended term. Note that restrictive purchases may not exceed 2 years.
 5. Describe the circumstances justifying a restrictive purchase. The provider must be the only provider. Restrictive purchases may not be used because a provider is the "best" or "preferred."
 6. Describe all efforts and results to determine if there were other potential providers. As applicable, include approximate dates and names of providers/organizations contacted. As applicable, a listing of all contacts made shall be included in the procurement file including name, date and details of information requested.
 7. Enter the names and position titles of the purchasing agency personnel who will be involved with approvals and administration of the contract.
 8. Enter the name, phone number and e-mail address of a contact person in the purchasing agency who is knowledgeable of this request and can address any questions. Ensure the person knows they are listed as the point of contact.

Notice

- Enter the name, mailing and hand delivery addresses for the procurement officer for this procurement.
- Enter the name, mailing and hand delivery addresses for the head of the purchasing agency.

Note: Requests for restrictive purchase of service and their dispositions are located on the SPO website for your reference at: www.spo.hawaii.gov, click "Health and Human Services, Chapter 103F..." then "Awards" and "Restrictive..."

Reference: Chapter 3-144, HAR